

## SECOND DIVISION

[ G.R. No. 232888, August 14, 2019 ]

### JULIETA T. VERZONILLA, PETITIONER, VS. EMPLOYEES' COMPENSATION COMMISSION, RESPONDENT.

#### RESOLUTION

**CAGUIOA, J.:[\*]**

Before the Court is a Petition for Review on Certiorari<sup>[1]</sup> under Rule 45 of the Rules of Court assailing the Decision<sup>[2]</sup> dated October 28, 2016 (Assailed Decision) and Resolution<sup>[3]</sup> dated July 6, 2017 (Assailed Resolution) of the Court of Appeals (CA) Special Tenth Division and Former Special Tenth Division, respectively, in CA-G.R. SP No. 134846.

#### *Facts*

Reynaldo I. Verzonilla (Reynaldo) was employed as a Special Operations Officer (SOO) III in the Quezon City Department of Public Order and Safety since June 1, 1999 until his death on July 5, 2012: As such, he performed the following functions:

1. Assist the Special Operations Officer V in conducting seminars, training and [dry runs] on disaster preparedness and first aid techniques relative to rescue and relief operations.
2. Assist the immediate supervisor in enhancing public awareness on disaster preparedness through tri-media information campaign.
3. Conduct hazard, vulnerability, and risk assessment within the city.
4. Attend meetings, seminars, and trainings on disaster prevention and preparedness.
5. Render fieldwork in times of urgent need and coordinate with other government agencies/offices.<sup>[4]</sup>

Pursuant to a Memorandum dated June 29, 2012, Reynaldo attended the training "on the use of the Rapid Earthquake Damage Assessment System (REDAS) software" on July 1-6, 2012 in Tagaytay City. Prior to this, he attended several other seminars.<sup>[5]</sup>

On July 5, 2012, Reynaldo died due to "cardio pulmonary arrest, etiology undetermined" at UniHealth-Tagaytay Hospital and Medical Center, Inc. (UTHMCI). His Discharge Summary/Clinical Abstract<sup>[6]</sup> shows that he complained of abdominal pain and chest pain. Records show that Reynaldo was previously diagnosed with

hypertension in 2002.<sup>[7]</sup>

Thereafter, petitioner Julieta Verzonilla (Julieta), the surviving spouse of Reynaldo, filed a claim for compensation benefits before the Government Service Insurance System (GSIS) under Presidential Decree (PD) 626.<sup>[8]</sup> In a letter dated April 26, 2013,<sup>[9]</sup> the GSIS denied the claim of Julieta, stating that based on the documents submitted, the ailment of Reynaldo was not connected to his work and that no evidence was found that his duties as SOO III increased the risk of contracting said ailment.<sup>[10]</sup> Julieta moved for a reconsideration of the denial but the same was denied in the GSIS decision dated May 24, 2013.<sup>[11]</sup>

Julieta elevated her claims to the Employees' Compensation Commission (ECC). In a decision dated August 7, 2013,<sup>[12]</sup> the ECC affirmed the decision of the GSIS, noting that while cardiovascular disease is listed as an occupational disease under Annex "A" of the Amended Rules on Employees Compensation (EC), it is still subject to the conditions therein set. According to the ECC, Julieta failed to satisfy these conditions. Further, the ECC held that Julieta failed to provide substantial evidence to show reasonable connection between the cause of death of Reynaldo and his work and working conditions.<sup>[13]</sup>

Hence, Julieta filed a Petition for Review with the CA. In the Assailed Decision, the CA agreed with the ECC that Julieta failed to prove, by substantial evidence, that the conditions for compensability of cardiovascular diseases were met<sup>[14]</sup> or that Reynaldo's risk of contracting the disease was increased by his working conditions.<sup>[15]</sup> The CA noted that while Reynaldo was diagnosed to be hypertensive, no evidence was submitted to show that this hypertension was controlled or that his heart disease worsened by the nature of his work.<sup>[16]</sup> The CA held as well that there was no showing that Reynaldo was performing strenuous activities prior to his death.<sup>[17]</sup> The CA, thus, disposed of the case as follows:

**WHEREFORE**, premises considered, the instant *Appeal* is **DENIED**. The appealed *Decision* dated August 7, 2013 by the Employees' Compensation Commission in ECC Case No. GM-19162-0705-13 is hereby **AFFIRMED**.

**SO ORDERED.**<sup>[18]</sup>

Julieta filed a motion for reconsideration but the same was denied in the Assailed Resolution. Hence, the present recourse.

In assailing the findings of the CA, Julieta avers that: 1) there is a reasonable work connection between Reynaldo's hypertension, cardiac arrest and abdominal pain, on the one hand, and the pressures of his work, on the other;<sup>[19]</sup> 2) PD 626 is a social legislation, the purpose of which is to provide meaningful protection to the working class,<sup>[20]</sup> hence, doubts on compensability must be resolved in favor of labor;<sup>[21]</sup> and 3) Annex "A" of the Amended Rules on EC requires the concurrence of only one of the conditions set forth and that paragraphs (a) and (b) of said conditions were satisfied in the present case.<sup>[22]</sup>

## Issue

Whether the CA erred in affirming the ECC's denial of Julieta's claim for EC benefits in connection with the death of her late husband Reynaldo.

## Ruling

There is merit in the petition.

Article 165 (1) of Title II, Book IV on Employees' Compensation and State Insurance Fund of the Labor Code, as amended by Section 1, PD 626, as amended, defines "**sickness**" as "**any illness definitely accepted as an occupational disease listed by the Commission, or any illness caused by employment, subject to proof that the risk of contracting the same is increased by working conditions.**"

This is reiterated in the Amended Rules on EC, which implements PD 626 and which requires that, "for the sickness and the resulting disability or death to be compensable, the sickness must be the result of an occupational disease listed under Annex "A" of [the] Rules with the conditions set therein satisfied, otherwise, proof must be shown that the risk of contracting the disease is increased by the working conditions."<sup>[23]</sup>

In plainer terms, to be entitled to compensation, a claimant must show that the sickness is either: (1) a result of an occupational disease listed under Annex "A" of the Amended Rules on EC under the conditions Annex A sets forth; or (2) if not so listed, that the risk of contracting the disease is increased by the working conditions.<sup>[24]</sup>

Annex "A" of the Amended Rules on EC lists cardiovascular disease as an "Occupational and Work-Related Disease" subject to certain conditions, thus:

18. CARDIO-VASCULAR DISEASES. **Any** of the following conditions:

**a. If the heart disease was known to have been present during employment, there must be proof that an acute exacerbation was clearly precipitated by the unusual strain by reasons of the nature of his/her work.**

**b. The strain of work that brings about an acute attack must be of sufficient severity and must be followed within 24 hours by the clinical signs of a cardiac insult to constitute causal relationship.**

c. If a person who was apparently asymptomatic before being subjected to strain at work showed signs and symptoms of cardiac impairment during the performance of his/her work and such symptoms and signs persisted, it is reasonable to claim a causal relationship subject to the following conditions:

1. If a person is a known hypertensive, it must be proven that his hypertension was controlled and

that he was compliant with treatment.

2. If a person is not known to be hypertensive during his employment, his previous health examinations must show normal results in all of the following, but not limited to: blood pressure, chest X-ray, electrocardiogram (ECG)/treadmill exam, CBC and urinalysis.

d. A history of substance abuse must be totally ruled out.  
(Emphasis supplied)

It is well to recall that the first law on workmen's compensation, Act No. 3428, worked upon the presumption of compensability which means that if the injury or disease arose out of and in the course of employment, it was presumed that the claim for compensation fell within the provisions of the law. PD 626 abandoned this presumption.<sup>[25]</sup> Hence, for the sickness and resulting disability or death to be compensable, the claimant has the burden of proof to show, by substantial evidence, that the conditions for compensability is met.<sup>[26]</sup>

Hence, in the present case, the fact that cardiovascular disease is listed as an occupational disease does not mean automatic compensability. Julieta must show, by substantial evidence, that any of the conditions in item number 18 of the Amended Rules on EC was satisfied or that the risk of Reynaldo in contracting his disease was increased by his working conditions.

Julieta hinges her claim on paragraphs (a) and (b) of item number 18 of the ECC Board Resolution. She does not dispute that Reynaldo had a pre-existing hypertension, having been diagnosed with such in 2002. However, she claims that this illness, as well as the abdominal pain that Reynaldo suffered, was aggravated by the strenuous conditions of his work as SOO III, which ultimately led to his death.<sup>[27]</sup>

To support her claim, Julieta lays down the series of alleged strenuous work Reynaldo was subjected to, quoting thus:

x x x Mr. Verzonilla comes (sic) from Manila as his death certificate would show. He therefore had to travel in perhaps about two (2) hours or more including traffic, to get to Tagaytay. Starting July 1, he started attending that day-long seminar. It cannot be denied that seminars, especially one for earthquake assessment, would also involve some physical activities. Then on the 4<sup>th</sup> day, Mr. Verzonilla and company went to at least five (5) different places in Tagaytay for the use of the [Global Positioning System (GPS)] system. Inclusive of travel, this activity lasted for at least two and a half hours (2 1/2 hours). Thereafter, he continued on with attending the lectures for that day until 7:30 p.m. [a]nd then this was followed by a program which lasted at least until 10:00 [p.m.] Not long after, he suffered a cardiac arrest and at 1:25 a.m. of July 5, 2012, he died. His death occurred in less than x x x 24 hours since his last strenuous activities in that seminar.

And prior to this particular seminar, Mr. Verzonilla was also made to